

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
RETIREE MONTHLY COBRA PREMIUM RATES
EFFECTIVE JANUARY 1, 2011

Benefit Plan	Type of Enrollment	Total COBRA Premium
<i>MEDICAL PLANS - MEDICARE</i>		
EUTF PPO Medicare (HMA)	Self	\$185.60
	Two-Party	\$361.73
	Family	\$536.25
EUTF PPO Medicare (HMSA)	Self	\$193.51
	Two-Party	\$377.16
	Family	\$559.08
Medicare Prescription Drug (informedRx)	Self	\$219.22
	Two-Party	\$426.97
	Family	\$633.03
Kaiser Medicare HMO Prescription Drug	Self	\$331.46
	Two-Party	\$646.70
	Family	\$958.31
<i>MEDICAL PLANS - NON MEDICARE</i>		
EUTF PPO Non Medicare (HMA)	Self	\$401.74
	Two-Party	\$782.75
	Family	\$1,160.43
EUTF PPO Non Medicare (HMSA)	Self	\$414.61
	Two-Party	\$807.86
	Family	\$1,197.66
Non Medicare Prescription Drug (informedRx)	Self	\$179.58
	Two-Party	\$349.86
	Family	\$518.71
Kaiser Non Medicare HMO Prescription Drug	Self	\$555.82
	Two-Party	\$1,084.24
	Family	\$1,606.74
<i>DENTAL PLAN</i>		
HDS Dental	Self	\$32.17
	Two-Party	\$62.81
	Family	\$76.93
<i>VISION PLAN</i>		
VSP Vision	Self	\$5.02
	Two-Party	\$10.04
	Family	\$13.46